INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person
   COMCAST CORP
   (Last) (First) (Middle)
   ONE COMCAST CENTER
   (Street) 19103-2838
   (City) PHILADELPHIA PA (State) (Zip) 19103-2838

2. Date of Event Requiring Statement (Month/Day/Year)
   12/03/2021

3. Issuer Name and Ticker or Trading Symbol
   BuzzFeed, Inc. [BZFD]

4. Relationship of Reporting Person(s) to Issuer (Check all applicable)
   Director X 10% Owner
   Officer (give title below)
   Other (specify below)

5. If Amendment, Date of Original Filed (Month/Day/Year)

6. Individual or Joint/Group Filing (Check Applicable Line)
   Form filed by One Reporting Person X
   Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Beneficially Owned

<table>
<thead>
<tr>
<th>1. Title of Security (Instr. 4)</th>
<th>2. Amount of Securities Beneficially Owned (Instr. 4)</th>
<th>3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)</th>
<th>4. Nature of Indirect Beneficial Ownership (Instr. 5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class A Common Stock</td>
<td>30,880,000[1]</td>
<td>I</td>
<td>By Subsidiary[2]</td>
</tr>
</tbody>
</table>

Table II - Derivative Securities Beneficially Owned

(e.g., puts, calls, warrants, options, convertible securities)

<table>
<thead>
<tr>
<th>1. Title of Derivative Security (Instr. 4)</th>
<th>2. Date Exercisable and Expiration Date (Month/Day/Year)</th>
<th>3. Title and Amount of Securities Underlying Derivative Security</th>
<th>4. Conversion or Exercise Price of Derivative Security</th>
<th>5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)</th>
<th>6. Nature of Indirect Beneficial Ownership (Instr. 5)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Date Exercisable Expiration Date</td>
<td>Title Amount or Number of Shares</td>
<td>Conversion or Exercise Price of Derivative Security</td>
<td>Ownership Form: Direct (D) or Indirect (I) (Instr. 5)</td>
<td>Nature of Indirect Beneficial Ownership (Instr. 5)</td>
</tr>
</tbody>
</table>

1. Name and Address of Reporting Person
   COMCAST CORP
   (Last) (First) (Middle)
   ONE COMCAST CENTER
   (Street) 19103-2838
   (City) PHILADELPHIA PA (State) (Zip) 19103-2838

1. Name and Address of Reporting Person
   NBCUniversal, LLC
   (Last) (First) (Middle)
   30 ROCKEFELLER PLAZA
   (Street) NEW YORK NY 10112
   (City) (State) (Zip)

1. Name and Address of Reporting Person
   NBCUniversal Media, LLC
1. Based on information provided by the Issuer, Comcast's holding of shares of Class A common stock is deemed to represent beneficial ownership of more than 20% of the outstanding shares of Class A common stock of the Issuer. However, based on information provided by the Issuer, Comcast's shares of Class A common stock represent less than 5% of the total voting power of all shares of the Issuer's Class A common stock, Class B common stock and Class C common stock on a combined basis.

2. NBCUniversal Media, LLC is a wholly owned subsidiary of NBCUniversal, LLC; NBCUniversal, LLC is a wholly owned subsidiary of Comcast Corporation.

/s/ Elizabeth Wideman,
Senior Vice President,
Senior Deputy General Counsel and Assistant Secretary, Comcast Corporation  
12/07/2021

/s/ Elizabeth Wideman,
Senior Vice President and Assistant Secretary, NBCUniversal, LLC  
12/07/2021

/s/ Elizabeth Wideman,
Senior Vice President and Assistant Secretary, NBCUniversal Media, LLC  
12/07/2021

** Signature of Reporting Person  
Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

* If the form is filed by more than one reporting person, see Instruction 5 (b)(v).


Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.